



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D206-797-211**  
**Job Sheet 184058**



Part No: D206-797-211

Job Qty: 1 ea

Part Name: 206L / L1 / L3 / L4 Quick Release Mounting Provisions - Fits LH or RH



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/2/18

Job Tracking No:

Due Date: 11/2/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV D SHEET 17 IPP Rev:A 11.02.10 as per IIN rev.A DD verf:JLM IPP Rev:B 11.04.18 MS24694-10 TO MS24694-S10 DD verf:JLM IPP Rev:C 11.04.19 added(1) D4293-1(was missing) DD verf:JLM IPP Rev:D 11.09.12 @ chg 002 DD verf:EC

Ship Via:

6186

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 1 Ea  | 11/2/18    | 11/2/18  | 0.00      | 0.00    | Start Up Stores/Pkg-1 | 69        | OCT 31 2018 |
| 110   | Packaging          | 1 pcs | 11/2/18    | 11/2/18  | 0.00      | 0.00    | Packaging1-3          | 69        | OCT 31 2018 |
| 120   | QC                 | 1 pcs | 11/2/18    | 11/2/18  | 0.00      | 0.00    | QC4                   | 69        | OCT 31 2018 |
| 130   | Packaging          | 1 pcs | 11/2/18    | 11/2/18  | 0.00      | 0.00    | Packaging3-1          | 69        | OCT 31 2018 |
| 135   | DC                 | 1 pcs | 11/2/18    | 11/2/18  | 0.00      | 0.00    | DC                    | 69        | OCT 31 2018 |
| 140   | QC21-FG            | 1 Ea  | 11/2/18    | 11/2/18  | 0.00      | 0.00    | QC21                  | 69        | OCT 31 2018 |

Part Op 130 - Identify and pack for shipping as per PPP D206-797-211 Location:FG034  
Descriptions: 135 - Photocopy bluefile & type labels per PPPD206-797-211 CHG002

DAS 21 OCT 31 2018  
9-89

### Job BOM

| Part / Item   | Component Name     | Quantity    | Operation             | Container |
|---------------|--------------------|-------------|-----------------------|-----------|
| AN6-17A       | Bolt               | 2 Ea (2 ea) | 90-Start up Operation | 5164372   |
| AN6-20A       | Bolt               | 2 Ea (2 ea) | 90-Start up Operation | 5064084   |
| D4271-011     | Beam Assembly, Fwd | 1 Ea (1 ea) | 90-Start up Operation | 5081853   |
| D4271-013     | Beam Assembly, Aft | 1 Ea (1 ea) | 90-Start up Operation | 5113221   |
| D4292-1       | Fitting            | 2 Ea (2 ea) | 90-Start up Operation | 5121126   |
| D4293-1       | Fitting            | 2 Ea (2 ea) | 90-Start up Operation | 5122606   |
| D4314-1       | Shim               | 4 Ea (4 ea) | 90-Start up Operation | 5075996   |
| D4314-3       | Shim               | 4 Ea (4 ea) | 90-Start up Operation | 5075974   |
| D4713-1       | Spacer             | 1 Ea (1 ea) | 90-Start up Operation | 5095326   |
| MS21042L6     | Nut                | 4 Ea (4 ea) | 90-Start up Operation | 5083382   |
| MS24694-S10   | Screw              | 4 Ea (4 ea) | 90-Start up Operation | 5100986   |
| MS27151-19    | Nut                | 4 Ea (4 ea) | 90-Start up Operation | 5070971   |
| MS3367-5-0    | Tie Wrap           | 1 Ea (1 ea) | 90-Start up Operation | 5050161   |
| NAS1149D0663J | Washer             | 8 Ea (8 ea) | 90-Start up Operation | 5093765   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | AN6-17A        | 2        | 55        | 0         |
|                       | AN6-20A        | 2        | 29        | 0         |
|                       | D4271-011      | 1        | 2         | 0         |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



# WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part #: _____<br><br>NCR _____                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | QTY Effective: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Der Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Lead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                          |  | QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Approved By                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>FAULT CATEGORY</b><br><br>Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |  | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                            |  | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |
| En _____<br>Design _____<br>Doc/Data _____<br>Equip/Tooling _____<br>Handling/Pre _____<br>Material _____<br>Internal Transport _____<br>Tribal Knowledge _____<br>LOA _____<br>Substation _____<br>Past Expiry Date _____<br>Misidentified _____                                                                                                                                                                                                        |  | Operator _____<br>Offset/Setup _____<br>Supplier _____<br>Training _____<br>Use for Testing _____<br>Poor Information _____<br>Rushing _____<br>Product Improvement _____<br>Process Improvement _____<br>Manufacturing Process _____<br>Past Due _____                                                                                                                                                                                                           |  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

|               |   |       |   |
|---------------|---|-------|---|
| D4271-013     | 1 | 3     | 0 |
| D4292-1       | 2 | 0     | 0 |
| D4293-1       | 2 | 0     | 0 |
| D4314-1       | 4 | 23    | 0 |
| D4314-3       | 4 | 19    | 0 |
| D4713-1       | 1 | 30    | 0 |
| MS21042L6     | 4 | 400   | 0 |
| MS24694-S10   | 4 | 20    | 0 |
| MS27151-19    | 4 | 25    | 0 |
| MS3367-5-0    | 1 | 753   | 0 |
| NAS1149D0663J | 8 | 1,246 | 0 |

### Part Specifications

Specifications could not be found.

Plex 10/2/18 10:27 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                 |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                 |  |

## Change Record

Part Number D206-797-211

Page 1 of 1

Description BASKET MOUNTING INSTALLATION

[illegible]





## 5.0 PARTS LIST

| Qty<br>-021 | Qty<br>-022 | Qty<br>-023 | Qty<br>-024 | Qty<br>-211 | Part Number   | Description                       |
|-------------|-------------|-------------|-------------|-------------|---------------|-----------------------------------|
| X           |             |             |             |             | D206-797-021  | QUICK RELEASE HELI-UTILITY-BASKET |
|             | X           |             |             |             | D206-797-022  | QUICK RELEASE HELI-UTILITY-BASKET |
|             |             | X           |             |             | D206-797-023  | QUICK RELEASE HELI-UTILITY-BASKET |
|             |             |             | X           |             | D206-797-024  | QUICK RELEASE HELI-UTILITY-BASKET |
| 1           | 1           | 1           | 1           | X           | D206-797-211  | QUICK RELEASE BASKET MOUNTING KIT |
| 1           |             |             |             |             | D4272-011     | BASKET ASSY, HEAVY DUTY LID, LH   |
|             | 1           |             |             |             | D4272-012     | BASKET ASSY, HEAVY DUTY LID, RH   |
|             |             | 1           |             |             | D4272-013     | BASKET ASSY, LIGHT WEIGHT LID, LH |
|             |             |             | 1           |             | D4272-014     | BASKET ASSY, LIGHT WEIGHT LID, RH |
|             |             |             |             | 1           | D4271-011     | BEAM ASSY, FWD                    |
|             |             |             |             | 1           | D4271-013     | BEAM ASSY, AFT                    |
|             |             |             |             | 2           | D4292-1       | FITTING                           |
|             |             |             |             | 2           | D4293-1       | FITTING                           |
|             |             |             |             | 4           | D4314-1       | SHIM                              |
|             |             |             |             | 4           | D4314-3       | SHIM                              |
|             |             |             |             | 1           | D4713-1       | SPACER                            |
|             |             |             |             | 2           | AN6-17A       | BOLT                              |
|             |             |             |             | 2           | AN6-20A       | BOLT                              |
|             |             |             |             | 8           | NAS1149D0663J | WASHER (OR AN960JD616)            |
|             |             |             |             | 4           | MS21042L6     | NUT (OR MS21042-6)                |
|             |             |             |             | 4           | MS27151-19    | NUT                               |
|             |             |             |             | 4           | MS24694-10    | SCREW                             |
|             |             |             |             | 1           | MS3367-5-0    | TIE WRAP                          |

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Revision: D

Date: 15.04.14

